SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 10 OF 20 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THMCarePAC Full Name (Last, First, Middle Initial) Joe Luna Date of Receipt Mailing Address PO Box 256 30 2013 06 City Zip Code State Transaction ID: SA11AI.4753 TN Linden 37096 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation **Pharmacist Ampharm** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rhonda Maness Date of Receipt Mailing Address 4615 Bible Grove Road 06 30 2013 City State Zip Code Transaction ID: SA11AI.4754 TN Lexington 38351 Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Name of Employer Occupation Ampharm RN Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Annette McClary Date of Receipt Mailing Address 7625 Mint Leaf Drive 30 06 2013 City Zip Code State Transaction ID: SA11AI.4775 TN Antioch 37013 Amount of Each Receipt this Period FEC ID number of contributing C 600.00 federal political committee. Name of Employer Occupation Director of Rehab Services THM Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 1140.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9